

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I.D. Number

Date Received

RECEIVED
N.C. Dept. of ENVIRONMENTAL
MAY 25 1994

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

R. E. MARTIN

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

RT 1 BOX 158

Street Address

STOKES

County LAWSONVILLE NC 27022

City 910 State 871-2075 Zip Code

Area Code Telephone Number

II. Location of Tank(s)

R. E. MARTIN AMOCO

Facility Name or Company

Facility ID # (if available)

NC 704

Street Address or State Road STOKES LAWSONVILLE 27022

County (same) City Zip Code

Area Code Telephone Number

III. Contact Person

R. E. MARTIN

OWNER

910-871-2075

Name

Job Title

Telephone No. (Area Code)

Closure Contractor CERTIFORM SERVICE

P.O. BOX 5524, W.S. NC 27013

910 661 9231

Lab BLUE RIDGE LABS

P.O. BOX 2940 LENOIR NC

704-728-0149

(Name)

(Address)

Telephone No. (Area Code)

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	4000	24' by 68"	Gasoline		/		/		/
2	4000	"	"		/		/		/

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☐ Contact local fire marshal
☒ Notify DEM Regional Office before abandonment.
☒ Drain & flush piping into tank.
☒ Remove all product and residuals from tank.
☒ Excavate down to tank.
☒ Clean and inspect tank.
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☒ Cap or plug all lines except the vent and fill lines.
☒ Purge tank of all product & flammable vapors.
☐ Cut one or more large holes in the tanks.
☒ Backfill the area.
 Date Tank(s) Permanently closed: _____
 Date of Change-In-Service: _____

- ABANDONMENT IN PLACE**
- ☐ Fill tank until material overflows tank opening.
☐ Plug or cap all openings.
☐ Disconnect and cap or remove vent line.
☐ Solid inert material used - specify: _____

- REMOVAL**
- ☒ Create vent hole
☒ Label tank
☒ Dispose of tank in approved manner
 Final tank destination: BOLES GREENHOUSE
LAWSONVILLE, for water storage

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

ANDREW M. RARING

Signature

Andrew M. Raring

Date Signed

5/23/94